

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)							SERIAL NO. 10-809,433		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51	4		
2	1						52	4		
3	1						53	4		
4	1						54	4		
5	1						55	4		
6	1						56	4		
7	1						57	4		
8	1						58	4		
9	8						59	4		
10	8						60	1		
11	8						61	1		
12	8						62	1		
13	8						63	1		
14	8						64	4		
15	8						65			
16	8						66			
17	8						67			
18	8						68			
19	8						69			
20	8						70			
21	8						71			
22	8						72			
23	8						73			
24	8						74			
25	8						75			
26	8						76			
27	8						77			
28	8						78			
29	4						79			
30	4						80			
31	4						81			
32	4						82			
33	4						83			
34	4						84			
35	4						85			
36	4						86			
37	4						87			
38	4						88			
39	4						89			
40	4						90			
41	4						91			
42	8						92			
43	8						93			
44	1						94			
45	1						95			
46	1						96			
47	4						97			
48	4						98			
49	4						99			
50	4						100			
TOTAL IND.							TOTAL IND.	8		
TOTAL DEP.							TOTAL DEP.	18		
TOTAL CLAIMS							TOTAL CLAIMS	26		